

**INDIVIDUAL INDIAN MONIES ACCOUNT**

ND DEPARTMENT OF HUMAN SERVICES

ECONOMIC ASSISTANCE

SFN 413 (3-2006)

Date:

Notary:

TO: Indian Agency			FROM: (Case Name)		Case Number:
Address:			Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:

I am applying for/receiving Temporary Assistance for Needy Families (TANF), Medicaid Coverage, Child Care Assistance, LIHEAP, and/or Food Stamps. I understand that this information is required to determine my initial or continued eligibility for assistance:

Verification of the amount of income credited to my IIM Account during the period:
From: _____ Through: _____

Name of Applicant/Recipient: _____ Signature: _____

Enrollment Number: _____ Date of Birth: _____ Social Security Number: _____

Name of Applicant/Recipient: _____ Signature: _____

Enrollment Number: _____ Date of Birth: _____ Social Security Number: _____

Name of Each IIM Account Holder Under Age 18

Name: _____ Social Security Number: _____

Enrollment Number: _____ Date of Birth: _____

Name: _____ Social Security Number: _____

Enrollment Number: _____ Date of Birth: _____

Name: _____ Social Security Number: _____

Enrollment Number: _____ Date of Birth: _____

Name: _____ Social Security Number: _____

Enrollment Number: _____ Date of Birth: _____

Name: _____ Social Security Number: _____

Enrollment Number: _____ Date of Birth: _____

This instrument was
acknowledged before me this
_____ day of _____,
20____, by each applicant or
recipient whose signature
appears thereon.

Notary Public

My Commission expires:

____/____/____

TO BE COMPLETED BY INDIAN AGENCY Please attach a copy of the IIM ledger

Additional Information, if any:

Signature, Agency Representative: _____ Telephone Number: _____ Date: _____

Return To: CSSB (Name/Worker)

Address: _____ City: _____ State: _____ Zip Code: _____

DISTRIBUTION: Original - Bureau of Indian Affairs (then return to CSSB) Copy - CSSB File Copy - Applicant/Recipient